

**State Medevac Committee Meeting  
Norfolk Waterside Marriott  
Richmond, Virginia  
November 12, 2008  
10:00 a.m.**

<b>Attendees:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Bruce Edwards, Chairman</b>	Tim Perkins	<b>Greg Brittingham</b>
<b>Paul Davenport</b>	Wanda Street	
<b>Christopher Cannon</b>	Dr. George Lindbeck	
<b>Maggie McCauley</b>		
<b>Bill Akers</b>		
<b>David Poulsen</b>		
<b>Dr. Allen Yee</b>		
<b>John Bianco</b>		
<b>Garrett Wymer</b>		
<b>Eddie Ferguson</b>		
<b>Susan Smith</b>		
<b>Gregory Jones</b>		
<b>Ron Benson</b>		
<b>James Dudley</b>		
<b>Scott Kunkel</b>		
<b>Mark Smith</b>		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	Meeting was called to order at 10:07 a.m. by Bruce Edwards.	
<b>Introductions:</b>		
<b>Review &amp; Approval of the August 8, 2008 Minutes &amp; the October 3, 2008 Medevac Summit Minutes:</b>	Motions were made to approve the last meeting minutes and the minutes from the retreat/summit.	<b>Both sets of minutes were approved as submitted.</b>
<b>OEMS Report:</b>	Tim welcomed everyone to the 2008 29 <sup>th</sup> Annual EMS Symposium and invited them to stay for lunch following the meeting.	
<b>Virginia “WeatherShare” Program Development Update – Paul Davenport:</b>	Paul reported that the WeatherShare software is going to be a well-rounded system. It is designed to alert the workstation with hazard alerts. Once logged in, the user will be able to see what programs have weather turndowns. The portal is still Web EOC, but will be a stand alone system costing approximately \$11,000. Paul should find out today if other funding sources are available. Everything is ready to go, except for the funding. In the meantime, <a href="http://www.weatherturndown.com">www.weatherturndown.com</a> can be used until the “WeatherShare” is up and running.  Tim stated that OEMS is working with Paul to see if DHS grant funds are available to assist with the program.	

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	<p>Susan asked if everyone has received a copy of the newly released helicopter shopping video. Please let her know if you need a copy.</p>	<p><b>Contact Susan Smith at Carilion Clinic if you need a copy of the helicopter shopping video.</b></p>
<p><b>Best Practices Update – Chris Cannon:</b></p>	<p>The Best Practices sub committee meeting was put on hold in August until after the summit. Now that the summit has been held Chris wants to know how to proceed. Do they continue to work on the best practice list or are they forming new workgroups to work on a new list?</p> <p>It was advised to continue to work on the priorities.</p> <p>Bruce asked the committee for some feedback on the summit before Greg Brittingham’s report.</p> <p>David Poulsen stated that it was a good conference. There was a lot of team building and trust development. After the teams were grouped and the exercises were completed, was there a consensus of this is it? Were there any concrete decisions made?</p> <p>Bruce stated that the summit was a start. There is a lot of work still to be done. Sub groups will have to be formed to address some of the strategies that the groups mentioned.</p>	
<p><b>Medevac Summit Update- Greg Brittingham:</b></p>	<p>Greg was very impressed that Dr. Remley attended the summit and also that Gary Brown was there. He was also impressed with the work that was accomplished.</p> <p>One of the first tasks was to try to describe what would be the characteristics of a 1<sup>st</sup> Class A-1 Medevac System in Virginia. The groups collaborated and ended up with the seven (7) goals as shown on page two of the report: Appropriate management and regulation of a statewide system, Comprehensive Safety Program, etc.</p> <p>Next the groups were asked to look at the mission of the Medevac committee and the Mission Statement was formed as well as the commitment and values of the committee, also on page two.</p> <p>Then weaknesses and strengths of the system were probed into. Some potential actions and top priorities were formed along with some additional ideas.</p> <p>Greg made two recommendations for the committee:</p> <ol style="list-style-type: none"> <li>1. Complete or formalize a comprehensive consensus of the overall goals and strategies. He suggested having another work session.</li> <li>2. Define work groups to work on the priorities.</li> </ol> <p>Paul Davenport commended OEMS for bringing Greg in. He thought it was a fantastic way to get the committee to make progress in the right direction. He stated that it will take commitment from the providers and he challenges them to continue with the same momentum.</p> <p>Bruce stated that this group wants to do the right thing. The committee won’t always agree with each</p>	

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	<p>other, but there are commonalities. Yes there are differences, but he feels that it will get easier the more we work together as a team.</p> <p>Greg stated that the next step is building consensus on goals and strategies and define work groups in the next work session.</p> <p>John Bianco does not want to see the group lose what was started in Charlottesville. David Poulsen agrees.</p> <p>Greg Brittingham said that the goals can be accomplished in 3- 5 years. The committee needs to work on the strategies to get there.</p> <p>Bruce will check on the funds for holding a work session around the middle of January in Richmond. After checking calendars, it was tentatively decided that Friday, January 9, 2009 would be a good day to have the work session.</p> <p>Bruce thanked Greg for working with us and everyone applauded.</p> <p>Paul asked if there was any preparation that the committee needed to do to prepare for the January work session.</p> <p>Greg stated that the next session will focus on brainstorming. Think about where you are and the priorities that need to be met and build consensus on those.</p>	
<b>Safety Operations Presentation - Susan Smith, Carilion Clinic LifeGuard:</b>	<p>Susan presented a PowerPoint presentation titled "Failure Modes &amp; Effects Analysis (FMEA)". <b>A failure modes and effects analysis (FMEA)</b> is a procedure to analyze potential failure modes within a system for classification by severity or determination of the effect of failures on the system. It is widely used in manufacturing industries in various phases of the product life cycle and is now increasingly finding use in the service industry. Failure causes are any errors or defects in process, design, or item, especially those that affect the customer, and can be potential or actual. The main factors to consider are severity, probability and invisibility.</p>	
<b>Agency Reports/Program Announcements:</b>	<p>None.</p>	
<b>Other Business:</b>	<p>Paul Davenport sent out a survey by email that lists four recommendations. One of the things that came to mind was if Tim, Gary Brown or Bruce could find out what percent of Medevac programs meet the standards and what percent does not. The goal is to know where we are in Virginia in accordance with the NTSB's recommendations. Please email Paul with your responses as soon as possible. It is for informational purposes.</p>	<p><b>Everyone is encouraged to respond to Paul's email survey. It is for informational purposes only.</b></p>
<b>Public Comment:</b>	<p>None.</p>	
<b>Adjournment:</b>	<p>Meeting adjourned at approximately 11:30 a.m.</p>	<p><b>The next meeting is February 12, 2009 at 10 a.m.</b></p>